

CITY OF MEMPHIS AND SHELBY COUNTY REDEVELOPMENT AGENCY

TAX INCREMENT FINANCING ASSISTANCE APPLICATION CHECKLIST

The following is a comprehensive list of items required by the City of Memphis and Shelby County Community Redevelopment Agency (CRA) Board for approval of an application for Tax Increment Financing (TIF) Assistance.

TIF Assistance Checklist:

- Pre-submittal Call or Meeting with CRA Staff
- Completed Application for Tax Increment Financing Assistance
- 3. Demonstration of need for TIF Assistance (with supporting project pro forma)
- 4. Statement that the Applicant possesses the financial and technical ability to successfully complete and operate the project.
- 5. Check for Application Fee* (\$500 payable to the CRA)
- 6. Preliminary Funding Agreement* (required for requests over \$50,000, this commits the Applicant to cover legal and other preparation costs incurred by the CRA)

For projects which are not primarily for affordable housing:

7. Fiscal Impact Statement showing that the project "enhances" the economic base of the community. This Fiscal Impact Statement should cover the same term as the term of the TIF Assistance for which the project is applying.

Please submit application to:

The City of Memphis and Shelby County Redevelopment Agency City Hall 125 N. Main Street, Suite 308 Memphis, TN 38103-2084

Note: After submittal of TIF Assistance Application, the applicant will be required to meet with the Community Advisory Board prior to introduction of the application before the CRA Board.

^{*}Application fee and some preparation costs <u>may</u> be reimbursed to applicant from TIF funds after the project generates revenue.



CITY OF MEMPHIS AND SHELBY COUNTY REDEVELOPMENT AGENCY APPLICATION FOR TAX INCREMENT FINANCING ASSISTANCE

Note: For any question, if more space is needed, please attach additional pages.

A. Applicant			
Applicant (Developer's Name)	Tel	ephone	E-mail
Street Address	City	State	Zip
Federal Employer Identification N	umber (EIN)		
Name of Responsible Officer	Title	Telephone	E-mail
Street Address	City	State	Zip
Attorney for or Authorized Representative of Applicant	Tel	ephone	E-mail
Street Address	City	State	Zip
Project Category:			
Affordable Housing Constructi	on Buildi	ng Repair/Retrofi	it/Rehabilitation
Building demolition and/or site	preparation	Infrastructu	re

C.

B. Development Team

List other development team participants, such as attorneys, consultants, bond counsels, architects, engineers, etc., affiliated with the applicant on this project, together with their address and telephone number.				
Name	Title	Telephone	E-mail	
Name	Title	Telephone	E-mail	
Minority or Woman-owned Business Enterprise (M/WBE) List all the women and minority-owned firms associated with the applicant/developer or members of the development team. For all projects, the CRA sets an overall goal of 28% M/WBE participation for both Professional Services and Construction Needs. Within this overall goal for M/WBE participation, the CRA sets goals for goods and services categories consistent with those of the City of Memphis as outlined in Ordinance 5384, Sec. 2-327, using the ratio of the M/WBE participation goals for each sector. The Locally Owned Small Business (LOSB) participation goal is 10% as identified in the CRA's Tax Increment Financing Manual.				
Name	Title	Telephone	E-mail	

D. Location and Site Plan

Name

Provide a plan map of the boundaries and the site plan of the proposed project.

Title

Telephone

E-mail

E. Project Description

Provide a description of the proposed project, including prospective tenants, project phasing, location, and purpose. Indicate whether leases have been negotiated.

F. Site Control

List all properties needed for this project, their current ownership, their status of occupancy, and proposed method of acquisition and relocation, if necessary. State specifically whether eminent domain will be required as a means of acquisition.

Building Name		Address		
Building Name		Address		
How is Title Held	d to Property?			
Individual	Corporation	Land Trust Partnership		
Limited Liabili	nited Liability Company Other:			
Name(s) of prop	perty owner(s):		Telephone	E-mail
Name			Telephone	E-mail
Name			Telephone	E-mail
•	ners of a Land Trust, nership must be listed		Limited Liability (Company and
If the applicant is	s not the same as th	ne owner, exp	olain:	

G. Schedule

Provide a preliminary project implementation schedule.

H. Substantial and Significant Public Benefit

Describe the public benefit to the City of Memphis and Shelby County that will result from the development of this project and how this project furthers the goals and objectives of the CRA Workable Program (see CRA website). Discuss how the proposed project will eliminate or mitigate blighted conditions in the Area.

I. Project Cost (Sources and Uses of Funds)

Provide a list of the project costs. Total project cost is defined as the cost of development, including all land, site and public infrastructure, building, site amenity, professional fees, marketing costs, and financing costs associated with the implementation of the project. Operating costs are not included. Identify the sources of funding for the project costs, including the amount of developer equity, and designate the particular costs to which the identified sources of funds are allocated. (A more detailed list of costs should be included in the Project Pro Forma.)

	CRA TIF	Loan	Owner Equity	Other
Property Acquisition	\$	\$	\$	\$
Design Services	\$	\$	\$	\$
Building Rehab	\$	\$	\$	\$
Furniture Fixtures & Equipment	\$	\$	\$	\$
Emergency Repairs	\$	\$	\$	\$
ADA/Life Safety/Building Code	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total				

J. Incremental Real Property Taxes

Identify the amount of current assessed value by parcel and total. Project the appraised and assessed value after redevelopment.

K. TIF Reimbursable Costs

Identify the amount of TIF assistance requested and the project costs for which reimbursement through TIF assistance is requested. Show what percent the proposed TIF assistance would be of the total overall anticipated development budget.

L. Other Public Incentives

Identify other public incentives, if any, which are being sought by the applicant/developer for this project.

M. Project Pro Forma

Provide an operating pro forma to match the same number of years for the term of the TIF that demonstrates why TIF assistance is necessary for this project and why the amount requested is necessary.

O. Public Infrastructure

Describe what, if any, public infrastructure improvements would be made because of this project and the costs associated with these improvements.

P. Historic Properties

Identify any national, state, or locally designated historic properties involved or impacted by the project.

Q. Relocation

Identify what, if any, commercial, residential, or other uses will need to be relocated to implement the project.

R. Financing Ability

Provide evidence that the applicant possesses the financial ability to successfully implement the project.

S. Experience and Technical Ability

Provide evidence that the applicant possesses the experience and technical ability to successfully implement the project.

T. Job Creation

Estimate the total number of jobs that will be created by this project, together with a preliminary estimate of the anticipated skills, education levels, and salary ranges expected.

U. Economic Impact on Adjacent Properties

Outline how this project might act as a catalyst for nearby development and/or help stabilize adjacent neighborhoods.

V. Residential Projects

the best of my knowledge.

If this project includes residential uses, describe how it will help fulfill a significant need for diverse income housing in the City/County, and how it will impact public services of the City/County and the other taxing districts.

The undersigned has applied for the TIF assistance described in this application and the proceeds of any TIF reimbursement, grant or loan will be used in connection with the project described herein. The applicant agrees to abide by all City of Memphis and Shelby County Redevelopment Agency TIF policies. The applicant agrees to furnish information listed as application attachments and any additional information to the CRA as needed to review and consider this request.

By execution of this application, Applicant acknowledges and consents for the CRA to conduct any and all credit history checks it deems necessary and appropriate.

I hereby certify that all the information in this application is true and complete to

Applicant's Signature		
Print Name		
Date		
(Applicant – de	o not write below this line)	
Date Application Received:	Staff Signature:	
Notes:		